

D.O.	FILE NUMBER
04	19000

G	E	STATUS

State of California -- Department of Industrial Relations --DIVISION OF APPRENTICESHIP STANDARDS



## AMENDED APPRENTICE AGREEMENT

PLEASE CIRCLE ONE:  
REASON: NAME CHANGE or CREDIT 1 2 3

APPRENTICE LAST NAME, FIRST NAME MIDDLE		SOCIAL SECURITY NUMBER
APPRENTICE ADDRESS (NUMBER AND STREET / CITY, STATE & ZIP) CPOST 3161 Dwight Road Elk Grove, CA 95758		BIRTHDATE (mm/dd/yyyy)
		VETERAN Yes <input type="checkbox"/> No <input type="checkbox"/>
		COUNTY OF RESIDENCE Sacramento
OCCUPATION		DOT
TERM OF APPRENTICESHIP Hours Within Years	STRAIGHT TIME Overtime is defined as any hours worked in excess of 168 in a 28-day period	

This agreement is between the above named apprentice employed by the below named employer, and

Commission on Correctional Peace Officer Standards and Training

PROGRAM SPONSOR

**AGREEMENT:** The undersigned parties mutually agree that they will use their best endeavors to secure employment and training for the apprentice. The apprentice agrees to perform satisfactorily all work and learning assignments. The provisions of the Apprenticeship Standards for the above occupation adopted by the program sponsor and approved by the Chief of the Division of Apprenticeship Standards, are hereby made a part of this agreement. An official copy of the standards is on file in the headquarters of the Division of Apprenticeship Standards. This apprentice agreement will continue in effect until the training is completed or otherwise terminated in accordance with the standards.

The apprentice commences participation under these standards on the date of execution of this agreement by the Apprentice. The signatory apprentice is credited with having \_\_\_\_ months toward completion of the term of apprenticeship prior to the above date. The apprentice is expected to complete training on or about \_\_\_\_\_ upon satisfactory completion of total remaining hours of on-the-job training and hours and/or units of related and supplemental instruction.

**APPRENTICE:** ☐ I, the undersigned apprentice, understand and agree that there is a valid and reasonable necessity that those academic records accumulated throughout related and supplemental instruction during my period of apprenticeship be made available to the apprenticeship committee. Further, I agree to release to the apprenticeship committee any other academic records which I feel may enhance my status as an apprentice.

I, the undersigned apprentice, hereby request that the Administrator of Apprenticeship terminate any other apprenticeship agreements in which I am currently registered.

Executed this \_\_\_\_\_ by \_\_\_\_\_  
DAY MONTH YEAR SIGNATURE OF APPRENTICE

AGREED TO BY THE EMPLOYER

AGREED TO AND APPROVED BY, FOR THE COMMITTEE

SIGNATURE OF EMPLOYER OR ITS REPRESENTATIVE	TITLE
NAME OF EMPLOYER (CDC or CYA)	
ADDRESS (HEADQUARTERS)	
INSTITUTION FACILITY/PAROLE REGION	

SIGNATURE -- SECRETARY / CHAIR / COORDINATOR DATE

ACCEPTED BY DAS

SIGNATURE -- APPRENTICESHIP CONSULTANT DATE